

ST ANDREWS SUMMER CAMP

"The place to be this summer!"

Application No: _____

Application Form

Camp Date: Week 1 June 28th – July 2nd

Week 2 July 5th – July 9th

Please fill in the details and return this form with the complete fees to *St Andrews Summer Camp*.
Camper Detail:

Name: _____ Nickname: _____

Thai ID Card Number or Passport Number: _____

Please note that we will need a picture of the front page of passport please.

Gender: Male / Female Age: _____ Class: _____

Date of Birth: _____ Phone Number: _____

Address House No: _____ Moo: _____ Village/Building: _____

Soi: _____ Road: _____ Sub-district: _____

District: _____ Province: _____
POSTCODE

Phone Number (Residence): _____

Mobile Number: _____

Email: _____

Insurance Required: YES NO

I do not wish my child/children photos to be published on Facebook or Summer Camp advertising materials.

Guardians Contact Detail/ Emergency Contact:

_____ (_____) _____
NAME CONTACT NUMBER

Medical and Dietary Requirement:

No Yes, Please provide information below (please find space on last page of the form)

PAYMENT METHODS: ST>ANDREWS SUMMER CAMP ACCOUNT

Direct Deposit/Bank transfer:

- Kasikorn
- Account number -280-2-71102-9
- Account name – Mr.Andrew Steven Emery

Please send message /image of payment

If the camp is cancelled due to Government Policy a full refund will be given

CAMPER NAME:

ST ANDREWS SUMMER CAMP

CAMP FEES FORM: *Please note all prices are per camper*

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PLEASE Tick below if your child will be on Junior, Middle or Senior camp

JUNIOR CAMP 3.5 – 6 age	<input type="checkbox"/>	MIDDLE CAMP 7-9 age	<input type="checkbox"/>	SENIOR CAMP 10+ age	<input type="checkbox"/>
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PLEASE Tick appropriate box below. There is a discount for families. There is also discounts when parents sign up in groups of 3 together. ALL applications and payment for group must be given in at same time.

If your child will be attending all three weeks can you please indicate by ticking the box

Two Weeks	<input type="checkbox"/>	19,000B	Family/ Group Per camper	<input type="checkbox"/>	18,000
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If your child will only be attending one week of the camp can you please indicate which week.

One week: First (June 28 th – July 2 nd)	Second (July 5 th – July 9 th)	Family/Group Per camper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10,000B	10,000B	9,500B

Transport . This year the costs are for return trip (Pick up and take home, not one way) :
Unfortunately, we cannot not guaranteed the school bus to all areas.

2 weeks 3500B : 1 week 2000B For families the cost of each extra camper will be reduced by 1000B for transport.

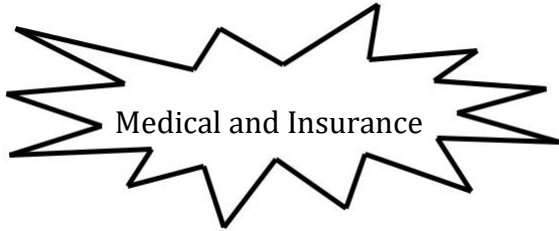
Please tick the box below

Not Required	<input type="checkbox"/>	2 weeks	<input type="checkbox"/>	3500B	1 week	<input type="checkbox"/>	2000B
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EAL this year the cost of EAL is 2500B additional per week. Please indicate below.

Not Required	<input type="checkbox"/>	2 weeks	<input type="checkbox"/>	5000B	1 week	<input type="checkbox"/>	2500B
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Total Cost



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1. Medical Coverage

Given that we are currently living through a pandemic, it is vitally important that your child has suitable medical coverage.

I declare that my child has suitable medical coverage that also covers COVID related issues

Yes

No

2. Accident Insurance (no additional cost)

Do you need Accident Insurance for your child? This covers your child for activities on camp. (If you would prefer to use your own insurance provider, please tick no)

Yes

No

If YES

Please make sure you provide all information for insurance purpose:

Name (As shown in passport): _____ Family

Name: _____

Passport or ID card Number

Date of Birth _____

Contact Number: _____

Does your child have any allergies or other medical condition?

Please list any below or other special requirements.

It is very important that you attach a copy of the front page of passport.

Thank you in advance for your cooperation